| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | *JW* | 62714 | 10/21/00 |
| O.I.P.E. CLASSIFIER | *A* | | 1/1/15 |
| FORMALITY REVIEW | | 71423 | 11-27-00 |
| RESPONSE FORMALITY REVIEW | *JW* | 71480 | 4-17-01 |
| | | | |

## INDEX OF CLAIMS

✔ ................................. Rejected   N ................................. Non-elected
= ................................. Allowed   I ................................. Interference
— (Through numeral)... Canceled   A ................................. Appeal
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| Claim Final | Original | Date | | | | | | | | | |
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| 5 | ✔ | ✔ | | | | | | | | | |
| ⑥ | ✔ | ✔ | | | | | | | | | |
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| 8 | ✔ | ✔ | | | | | | | | | |
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| 10 | ✔ | | | | | | | | | | |
| 11 | ✔ | ✔ | | | | | | | | | |
| 12 | ✔ | ✔ | | | | | | | | | |
| 13 | ✔ | ✔ | | | | | | | | | |
| ⑭ | ✔ | ✔ | | | | | | | | | |
| 15 | ✔ | ✔ | | | | | | | | | |
| 16 | ✔ | ✔ | | | | | | | | | |
| 17 | ✔ | ✔ | | | | | | | | | |
| 18 | ✔ | ✔ | | | | | | | | | |
| 19 | ✔ | ✔ | | | | | | | | | |
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**If more than 150 claims or 10 actions
staple additional sheet here**

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